June 2, 2006

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
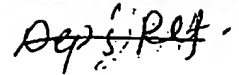P.O. BOX 398
AUSTIN, TX 78787-0398
US

Dear Sir/Madam,

Your refund request for 09840449 in the amount of $200.00 has been denied .

Fee was for additional independent claims in excess of three. Claim 44,61,75,87 and 100.

Sincerely,

VINCENT STUART
Technical Center Others
703 308-9010 x177

PATENT
5500-98900/TT4413

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/840,449
Filed: April 23, 2001
Inventors:
    Owen et al.

Title: System and Method of
         Maintaining Coherency in a
         Distributed Communication
         System

§
§
§
§
§
§
§
§
§
§
§
§

Examiner: Dang, Khanh
Group/Art Unit: 2111
Atty. Dkt. No: 5500-98900

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

B. Noël Kivlin
Printed Name

_____   April 21, 2006
        Signature   Date

REQUEST FOR REFUND OF FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

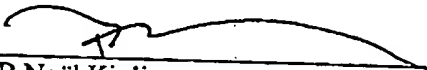Applicant requests a refund of excess claim(s) fee charged to deposit account no. 501505 in the amount of $200.00 on August 10, 2005. Applicant originally submitted fees for nine independent claims and cancelled five on a Response to non-final Office Action mailed May 10, 2005. On the Response to Office Action of August 10, 2005 applicant added one independent claim and therefore no fee was incurred.

CANCELLED

Applicants respectfully request a refund in the amount of $200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully submitted,

B Noël Kivlin
Reg. No. 33,929
ATTORNEY FOR APPLICANT(S)

Meyertons, Hood, Kivlin,
   Kowert, & Goetzel, P.C.
P.O. Box 398
Austin, TX 78767-0398
Phone: (512) 853-8840
Date: <u>April 21, 2006</u>

Applicants respectfully request a refund in the amount of $200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.
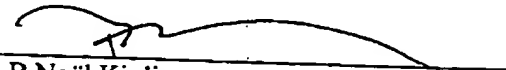
Respectfully submitted,

B Noël Kivlin
Reg. No. 33,929
ATTORNEY FOR APPLICANT(S)

Meyertons, Hood, Kivlin,
   Kowert, & Goetzel, P.C.
P.O. Box 398
Austin, TX 78767-0398
Phone: (512) 853-8840
Date: April 21, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/840,449	§	Examiner: Dang, Khanh
Filed: April 23, 2001	§	Group/Art Unit: 2111
Inventors:	§	Atty. Dkt. No: 5500-98900
Owen et al.	§	
	§	
Title: System and Method of Maintaining Coherency in a Distributed Communication System	§	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.
	§	B. Noël Kivlin
	§	Printed Name
	§	
	§	Signature — April 21, 2006 — Date

REQUEST FOR REFUND OF FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

Applicant requests a refund of excess claim(s) fee charged to deposit account no. 501505 in the amount of $200.00 on August 10, 2005. Applicant originally submitted fees for nine independent claims and cancelled five on a Response to non-final Office Action mailed May 10, 2005. On the Response to Office Action of August 10, 2005 applicant added one independent claim and therefore no fee was incurred.

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number: **09/840449**

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	56	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	56 minus 20=	36
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐	RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
	BASIC FEE	355.00	OR	BASIC FEE	710.00
	X$ 9=		OR	X$18=	648.00
	X40=		OR	X80=	80.00
	+135=		OR	+270=	
	TOTAL		OR	TOTAL	1438.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

Transmi Amd 8-15-05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	43	Minus	56	0
Independent	5	Minus	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$9= 50	
X40=		OR	X80= 200	800.00
+135=		OR	+270= 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	800.00

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.